

MARYLAND JUDICIARY

Designation of Employee to Function in an Acting Capacity

\_\_\_\_\_  
Name of Employee Being Designated

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee's Current Classification/Class Code/Salary Grade

\_\_\_\_\_  
Beginning Date of Acting Pay Assignment

\_\_\_\_\_  
Classification Being Filled on an Acting Basis - Class Code

\_\_\_\_\_  
Date Additional Compensation Becomes Effective

\_\_\_\_\_  
Name of Department/Section

\_\_\_\_\_  
Anticipated Length of Acting Basis

1. Reason for designating employee to work in an acting capacity:

☐ a. Temporary absence of incumbent

Name of incumbent and reason for absence: \_\_\_\_\_

\_\_\_\_\_

☐ b. Vacant position

Name of former incumbent \_\_\_\_\_

Reasons unable to fill position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ c. Temporary assignment of higher duties

Comments: \_\_\_\_\_

\_\_\_\_\_

2. Does employee meet minimum requirements for acting classification? ☐ Yes ☐ No

3. Has employee previously been assigned acting capacity status? ☐ Yes ☐ No

If yes, what designation and when? \_\_\_\_\_

\_\_\_\_\_  
Signature of Acting Capacity Employee/Date

\_\_\_\_\_  
Approved by Department Head/Date

\_\_\_\_\_  
Approved by Senior Jurisdictional Authority/Date